



**Senate Health and Human Services Committee  
Senate Bill 750  
Relating to Maternal and Newborn Care and the Quality of Services  
to Women in This State Under Certain Health Care Programs  
March 5, 2019**

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Testimony Submitted on behalf of  
Texas Medical Association  
Texas Academy of Family Physicians  
Texas Pediatric Society  
American College of Obstetricians and Gynecologists – District XI (Texas)  
Texas Association of Obstetricians and Gynecologists  
March of Dimes – Central Region

Good afternoon Madame Chair Kolkhorst and Committee Members. Thank you for the opportunity to testify. I am Eugene Toy, MD, a practicing obstetrician and gynecologist speaking today in favor of Senate Bill 750 on behalf of the Texas Medical Association (TMA), Texas Association of Obstetricians and Gynecologists (TAOG), the American College of Obstetricians and Gynecologists, Texas Chapter (ACOG), and the specialty societies listed above.

Our organizations commend your leadership and dedication to improving maternal and child health. The intent of Senate Bill 750 is clear: **Texas must elevate its efforts to improve maternal health by removing the key barriers to dramatically reducing maternal death and post-partum complications. Namely, the lack of access to care, late prenatal care, and insufficient treatment options for women with postpartum depression or substance abuse addictions.** Admittedly, **we believe the bill is a work in progress and we would like to work with you to strengthen it.** However, SB750 also provides a constructive framework for our mutual efforts to advance maternal health.

Childbirth, one of life's greatest joys, can turn into tragedy when the infant's mother dies.

Pregnancy-related complications also interfere with a new mother's ability to care for her baby and may influence the child's development.

According to the state's September 2018 report on maternal mortality and morbidity<sup>i</sup>, women's lack of access to regular preventive, primary, and specialty care before and after pregnancy contributes to Texas' high rates of poor maternal health outcomes. Moreover:

- The vast majority of pregnancy-related deaths are potentially preventable.
- Most maternal deaths occur 60 days or more postpartum, a time when many women lose their pregnancy-related Medicaid services.
- Drug overdoses continue to be the number one cause for maternal death after 60 days postpartum.
- Smoking during pregnancy or the presence of an underlying chronic condition(s), such as diabetes or hypertension, put women at greater risk of maternal death or postpartum complications, key indicators that pre-pregnancy coverage remains a barrier to improving women's health.
- Black women experience the highest rate of maternal death and severe illness.
- Factors that contribute to health inequities, including low educational attainment, contribute to poor maternal health outcomes.

***Maternal deaths are only one part of the story. For every one maternal death, 50 to 100 women suffer a severe illness or complication.***

Through the Legislature's ongoing bipartisan commitment to improving maternal health, Texas has the will and ability to change. And we are making strides through partnerships such as the TexasAIM initiative, a partnership between the Texas Department of State Health Services (DSHS), hospitals, physicians, and nurses to reduce preventable deaths and complications at the time of delivery. **Nevertheless, to make dramatic gains in maternal health outcomes, the Legislature also must follow clear and compelling evidence – the lack of access to preventive, primary, and specialty care before and after pregnancy contribute to maternal death and morbidity.**

As you refine SB 750, we offer the following suggestions and look forward to working with you throughout the process:

➤ **Training for Obstetrical and Neonatology Residency Programs.**

-The Accreditation Council for Graduate Medical Education establishes the standards for residency training programs. Any changes made by Texas could inadvertently jeopardize a program's compliance with national standards. However, if the intent is to inform and engage residents on Texas' initiatives to improve birth outcomes, we believe there is an opportunity for DSHS and Texas' professional physician organizations to provide outreach and education to OBGyn and neonatology residents about the good work Texas is doing to improve maternal and infant health.

➤ **Enhancing Prenatal and Postpartum Care Services**

-Our organizations strongly support providing women of reproductive age 12 months comprehensive, continuous coverage both before and after pregnancy. Early detection and intervention of acute and chronic illnesses before pregnancy is just as essential as extending services to women postpartum. Healthy pregnancies do not begin at conception, but well beforehand. For example, a colleague recently shared his stories of caring for many pregnant

women who lack ongoing treatment for diabetes prior to pregnancy. Pregestational diabetes contributes to pregnancy-related complications and birth defects, including congenital heart and neural tube defects. Access to timely specialty care before pregnancy could prevent these poor birth outcomes. After pregnancy, women also need an array of preventive, primary and specialty care. Cardiac disease, overdoses, and suicide are leading causes of maternal death postpartum, but without access to appropriate treatment, it is difficult to provide early intervention and management to prevent these tragedies.

Enhancing the Healthy Texas Women program is one option that we believe could work if the state added to it a meaningful tailored benefit package designed to meet women's specific preconception and interconception health care needs. To that end, **our organizations recommend convening a panel of primary and specialty care physicians, behavioral health providers, other appropriate providers to advise the Texas Health and Human Services Commission on an enhanced benefit package.**

-Our organizations strongly support efforts to ensure early entry prenatal care. Expanding use of well-designed community health worker/promotora programs, as well as the Nurse Family Partnership, would help to timely connect women to appropriate medical and social services.

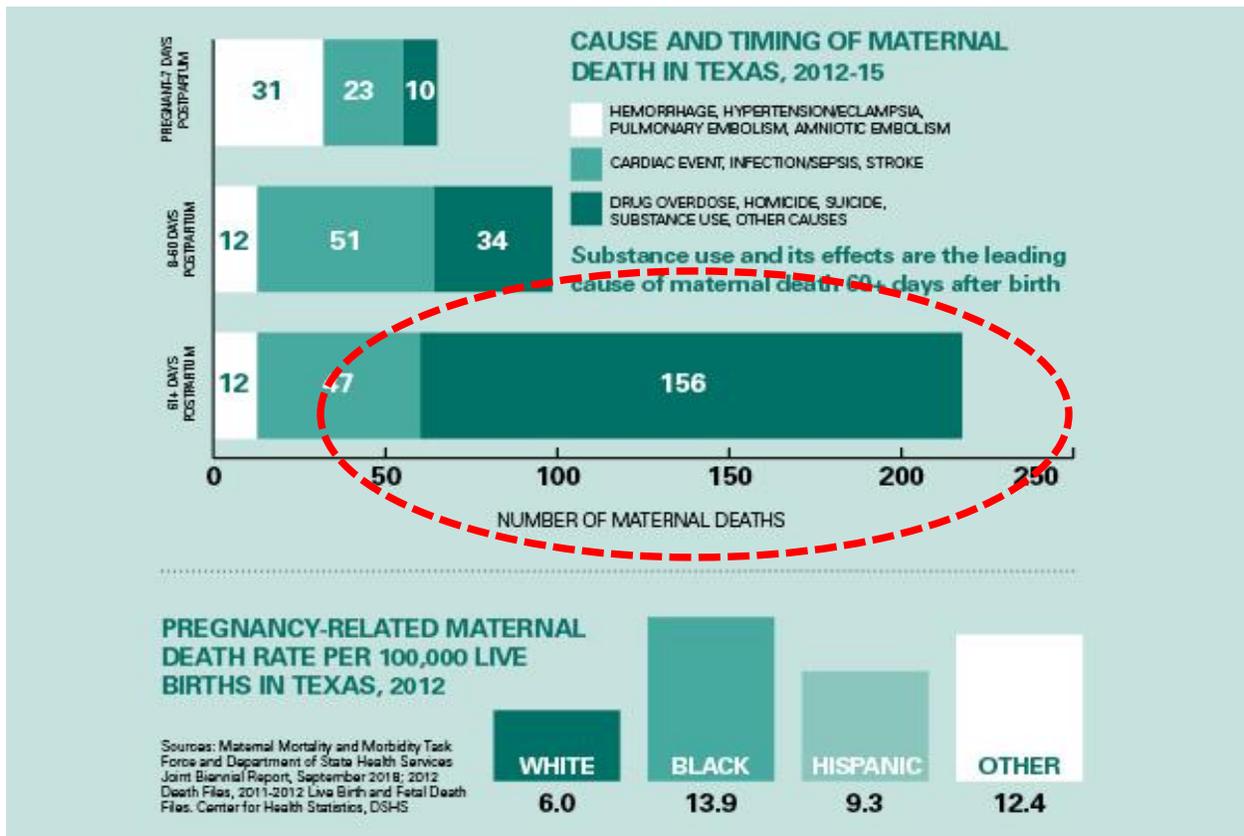
Additionally, we recommend that Texas 1) automatically and seamlessly enroll young women into Healthy Texas Women when they age out of children's Medicaid or the Children's Health Insurance Program; and 2) ensure women losing CHIP-Perinatal connect to the Family Planning Program to avoid gaps in preventive health care.

### ➤ **Delivery and Improvement of Maternal Health**

The Medicaid managed care organizations play an essential role in improving continuity of care and connecting women to services. Nevertheless, the loss of pregnancy-related Medicaid coverage 60 days post-partum limits the plans' ability to intervene effectively when a woman requires medical care postpartum. To reduce gaps in care, we recommend incorporating an enhanced Healthy Texas Women package under the managed care umbrella. Many physicians who participate in Medicaid do not participate in HTW. But if HTW were managed by the plans, patients would have ready access to the existing Medicaid managed care plan's respective primary and specialty care networks. The ability for women to continue routine care with their established physicians will also promote better health outcomes and allow MCOs and physicians to build better value-based payment initiatives that encompass the spectrum of services women need across their reproductive life span.

As SB750 progresses through the legislative process, we stand ready to work with you to achieve our mutual goals of improving maternal and infant birth outcomes.

Thank you for the opportunity to testify.



<sup>1</sup> Joint Biennial Report of the Maternal Mortality and Morbidity Task Force and the Department of State Health Services, September 2018, [https://www.dshs.texas.gov/mch/maternal\\_mortality\\_and\\_morbidity.shtm](https://www.dshs.texas.gov/mch/maternal_mortality_and_morbidity.shtm)